

Community Mental Health for Central Michigan
Behavior Treatment Committee Review Form

Consumer Name:	Jane Doe	Case Number:	11111
Date of Birth:	9/99/9999	Review Date:	12.4.2018
Age:	99	County:	Isabella
Caseholder(s):	Renee Raushi	Primary Dx:	F33.1 Major depressive disorder, Recurrent episode; Moderate
Supervisor:	Jennifer McNally	Secondary Dx:	Sec F43.10 Posttraumatic stress disorder (DSM-5)

Medications: Latuda 60MG Tablet
 Take 1 tablet by mouth Once a day
 Lexapro 20MG Tablet
 Take 1 by mouth Once a day
 Prazosin HCl 1MG Capsule
 Take 1 by mouth Twice a day
 Trazodone 50MG Tablet
 Take 1 by mouth At bedtime
 Vistaril 25MG Capsule
 Take 1 by mouth Twice a day as needed
 for anxiety. (may take additional capsule if initial capsule ineffective)
 Vitamin D 5000IU Tablet
 Take 1 by mouth Once a day
 Vyvanse 50MG Capsule
 Schedule II
 Take 1 by mouth Once a day
 do not fill for 18 days
 Vyvanse 50MG Capsule
 Schedule II
 Take 1 by mouth Once a day
 **You can copy and paste medications here
 **If consumer is on psychotropic medications, the committee may request a prescriber report form after initial BTC review.

**If consumer is on psychotropic medications, BTC may request prescriber report form be completed in addition to this form.

Reason for BTC Review:

New Behavior Plan: restrictive positive support plan only (non-restrictive) ABA plan
 Date of plan that was originally approved: _____
 Quarterly Review
 No Behavior Plan

Check ALL interventions proposed to be implemented:

Intrusive: Yes No

***Any item checked below must include a behavior treatment plan**

<input type="checkbox"/> Periodic monitoring	<input checked="" type="checkbox"/> Line of Sight (waking hours 24/7)	<input type="checkbox"/> Arm's reach	<input type="checkbox"/> Physical prompt
<input type="checkbox"/> Planned ignoring	<input type="checkbox"/> Restore environment	<input type="checkbox"/> Planned inquiry	<input type="checkbox"/> Overcorrection
<input type="checkbox"/> Protective device	<input type="checkbox"/> Anatomical/physical support Rx MD/PT/OT	<input type="checkbox"/> Special clothing	
<input type="checkbox"/> Other (describe): _____			

Restrictive: Yes No

***Any item checked below must include a behavior treatment plan**

Freedom of Movement

- limit access to activity, environment therapeutic de-escalation (required relaxation)
 Other (describe): _____

Property Rights

- restrict access to property restrict access to money search and seizure restitution/response

Communication Rights

- limit access to phone limit access to visits limit access to mail

Entertainment

- restrict access to viewing, listening, etc.

Communication Rights

- limit access to other persons
 Other (describe): _____

Behavior Treatment Plan: Yes No

Please give details: Initial completed behavior plan has been submitted to the committee today for review. Jane previously had a positive support plan (last revised 1/12/2017); however, this has not been successful in decreasing self-harm behaviors.

In this case, the completed behavior treatment plan would be submitted to BTC with this review form. Agency standard generally is that consumer be engaged in evidence based practice and/or have a behavior treatment plan (either a positive support plan or plan with intrusive/restrictive measures).

Evidence Based Practice: Yes No

- PMTO DBT TF-CBT Family Therapy ABA Therapy MST
 Other (describe): _____

Progress

List the target behaviors:

Behavior has improved (describe):

Behavior has escalated (describe): Jane is in a specialized AFC home due to ongoing self-harm attempts. Jane has recently starting biting and hitting herself, and at times also hits staff. Jane has been in three different AFC placements prior, and was just recently moved and placed in an AFC home where staff provide line of sight 24/7. Jane has community restrictions because last month when she went to the store she bought a razor blade and proceeded to cut herself that night.

Summarize current treatment: Jane is open to case management services and psychiatric services. Previously Jane was involved with DBT but quit because she reported "it was a waste of time". Case manager has attempted to engage Jane repeatedly into OPT treatment again; however, as of right now she is not open to this. Jane is currently on a 60/90 court order.

Plan Approval Effective Until: _____

BTC Approval: Approved Denied

Committee Feedback: BTC will provide you feedback here about next review (if appropriate). If there are any questions, please do not hesitate to reach out.

Discharged from BTC review (BTC review may become necessary if conditions change)

BTC Chairperson/Designee Signature

Date